								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									NTITY	OR	OTHER SMALL		
TOTAL CLAIMS			49				ſ	RATE	FEE	1	RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			49 minus 20=		. 29			X\$ 9=	26/00	OR	X\$18≃		
INDEPENDENT CLAIMS			7 minus 3 =		• 4			X40=	1/1000	1	X80=	 -	
MUL	TIPLE DEPEN	DENT CLAIM PI	RESENT				 	+135=	10000	1	+270=		
* If the difference in column 1 is less than zero, enter *0* in column 2						L		-Z.H.	OR				
CLAIMS AS AMENDED - PART II								TOTAL	711	ØR	TOTAL	73444	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FÆS		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.49	Minus	•• <	119	<i>-</i> Ø		X \$ 9=	VV	OR.	X818=		
	Independent	.17	Minus	/	2	.0		((x40=		17	(X80±	/ ·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							/	[OR	4	- ∵	
							X	+135=	<u> </u>	OR	+270=		
(7/27/09	حه					A	YÖTAL IDDIT. FEE		OR	ADDIT, FEE		
(Column 1) (Column 3)													
AMENOMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	1	RATE	ADDI- TIONAL FEE	
Ş	Total	· 37	Minus	4	9	• 🖒		X\$ 9=		ØR.	X\$18=		
AME	Independent	• 5	Minus	7		• P		X40=		OR	X80=		
Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						۱ ۲	. 405	/		.070	/	
•								+135=	_/_	OR	+270= TOTAL		
									-/	OR	ADDIT. FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								1				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 14	Minus	4	9	- /	Г	X\$ 9=		OR	X\$18=	/	
	Independent	. 4	Minus	<		2		X40=	-/-		X80=	/	
ഥ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	OR		/	
. 11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=		
3.48	"If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20." TOTAL ADDIT. FEE TOTAL ADDIT. FEE												

FORM PTO-875 (Rev. 8/00)

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